

<b>Case Number:</b>	CM15-0016749		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Florida  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female injured worker sustained an industrial injury on October 19, 2011. The mechanism of injury is unknown. The diagnoses have included cervical herniated nucleus pulposus and bilateral wrist carpal tunnel syndrome. Treatment to date has included diagnostic studies, medications, chiropractic therapy, acupuncture, physical therapy, occupational therapy, cortisone injections to the wrists and epidural steroid injection. On September 17, 2013, the injured worker complained of pain in her neck, shoulders and right elbow. Her neck pain was described as throbbing and intermittent. The pain radiated into the shoulders along with burning and popping. She rated her neck pain as a 4-8 on a 1-10 pain scale. Neck range of motion was right rotation 60 degrees, left rotation 60 degrees, right lateral flexion 20 degrees and left lateral flexion 20 degrees. She had a subjective complaint of burning dysesthesia going down the neck and into both shoulders and upper extremities with cervical rotation. On January 12, 2015, Utilization Review non-certified chiropractic 2x6 weeks for the bilateral neck, noting the CA MTUS Guidelines. The request for acupuncture therapy 2x6 weeks for the bilateral neck was partially approved for 6 sessions, noting the CA MTUS Guidelines. On January 29, 2015, the injured worker submitted an application for Independent Medical Review for review of acupuncture therapy 2x6 weeks for the bilateral neck, and chiropractic 2x6 weeks for the bilateral neck.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Chiropractic 2x6 weeks to the bilateral neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): page 95-96.

**Decision rationale:** MTUS guidelines states regarding Chiropractic treatment, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments." Regarding this patient's case, Chiropractic neck treatment for 2x6 weeks has been requested. Utilization review did not approve this request since no quantified functional deficits were provided. This patient has also previously has chiropractic treatment and the precise results of those treatments are also not provided. Likewise, the medical necessity of additional chiropractic treatment is not established at this time.

**Acupuncture therapy 2x6 week for the bilateral neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): pages 8-11.

**Decision rationale:** In accordance with California MTUS Acupuncture guidelines "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Section 9792.20 e and f are defined as follows, "(e) 'Evidence-based' means based, at a minimum, on a systematic review of literature published in medical journals included in MEDLINE." (f) 'Functional improvement' means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and

physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. This patient's physician has requested therapy 2x6 weeks for the bilateral neck. According to the guidelines, time to produce functional improvement is 3-6 treatments. If functional improvement is noted, additional acupuncture treatments could be authorized. The utilization review physician did not certify this request for 2x6 weeks of therapy. Utilization review did recommend approval of an initial 6 treatments. According to the MTUS guidelines, an initial 12 sessions are above what is recommended initially to see if there will be functional improvement. It should also be noted that this patient has previously had acupuncture therapy, and the exact objective benefits obtained from prior treatments are not discussed. Therefore, this request is not considered medically necessary.